

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

October 11, 2023

[REDACTED]  
ELWYN OF PENNSYLVANIA AND DELAWARE  
HARTMAN HOUSE, 111 ELWYN ROAD  
ELWYN, PA, 19063

RE: ELWYN - HARMONY HALL  
111 ELWYN ROAD  
ELWYN, PA, 19063  
LICENSE/COC#: 19085

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *ELWYN - HARMONY HALL* License #: *19085* License Expiration: *01/15/2024*  
 Address: *111 ELWYN ROAD, ELWYN, PA 19063*  
 County: *DELAWARE* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *ELWYN OF PENNSYLVANIA AND DELAWARE*  
 Address: *HARTMAN HOUSE, 111 ELWYN ROAD, ELWYN, PA, 19063*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/01/1980* Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *09/11/2023*

**Inspection Dates and Department Representative**

*09/11/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *16* Residents Served: *14*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *12*  
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *2*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**09/11/2023 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/02/2023*

**09/29/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *10/04/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/04/2023*

Inspections / Reviews *(continued)*

10/02/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/02/2023

10/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted]/23, resident#1's Latanoprost,.005% instill 1 drop into each eye at bedtime, was in the medication cart without the date of opening. According to the manufacturer's instructions, medication is to be discarded after six weeks from the opening date.

Plan of Correction

Accept [redacted] - 10/02/2023)

See attached.

Plan of correction: 9/13/23 Staff were re-trained by the Site Nurse on the DHS Requirement for any Injectable Medications, Insulin Products, Non-Insulin Injectable Diabetes Products, Liquid Medications, Nasal Medications, Ophthalmic Medications, Topical Medications, Reconstituted Medications, or Respiratory Medications must have the date opened/expired label filled out once the medication has been opened.

Staff will Check all medication weekly that fall under this requirement and ensure they are correctly Labeled. During the training staff were provided with a form that they will document on weekly indicating that they have performed this Task.

The Shift Supervisors and the Nurse will also complete Med Room Audits 3x per week and will check to ensure all items that fall in this category are label with a date open /date expired. Any concern will be discussed with the Unit Director to implement further training.

Medication room Weekly Audits started on 9/18/23.

Plan of Correction Licensee's Proposed Overall Completion Date: 9/30/23

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented ([redacted] - 10/11/2023)

185a - Implement Storage Procedures

2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 09/11/23, resident#2's glucometer was not calibrated with the correct time. Actual time was 2:15 pm and meter time was 1:15 pm. Four other glucometers were also not calibrated with the correct date and time.

Plan of Correction

Accept ([redacted] - 10/02/2023)

See attached.

Plan of Correction: All Glucometer were re-checked and Calibrated by the site supervisor and nurse.

All Staff were retrained to check the Date and Time on the glucometers to ensure they have the Correct Date and Time. If there are any discrepancies, they will bring it to Management or the Nursing attention so the discrepancy can be corrected.

**185a - Implement Storage Procedures (continued)**

*The Shift Supervisors and the Nurse will also complete Med Room Audits 3x per week and will check to ensure all Glucometer have the correct date and time. The Audit forms will be Submitted to the Unit Directors for review and signature*

*All Glucometers will be re- calibrated by Site Supervisor and Nursing when the time changes in the Fall and Spring and other times as needed.*

**Medication room Weekly Audits started on 9/18/23.**

*Licensee's Proposed Overall Completion Date: 9/30/23*

**Licensee's Proposed Overall Completion Date: 09/29/2023**

**Implemented [REDACTED] - 10/11/2023)**